

61 Louisa Viens Drive Dayville, CT 06241 Fax: 860-774-2689 Phone: 860-774-6814 Toll-Free: 800-334-0103

ANALYTICAL DATA REPORT

prepared for:

Town of Webster Water Dept. 38 Hill Street PO Box 793 Webster, MA 01570 Attn: Doran Crouse

Report Number: E606736 Revision 1 Project: Webster Water Department

> Received Date: 06/07/2016 Report Date: 06/14/2016 Revision Date: 06/14/2016

> > Copies Sent To:

Commonwealth of Massachusetts DEP / Central Regional Office 8 New Bond Street Worcester, MA 01606

> David Dickinson **Technical Director**





61 Louisa Viens Drive Dayville, CT 06241 Fax: 860-774-2689 Phone: 860-774-6814 Toll-Free: 800-334-0103

ANALYTICAL DATA REPORT

prepared for:

Commonwealth of Massachusetts DEP / Central Regional Office 8 New Bond Street Worcester, MA 01606 Attn: Linda Erricola

Report Number: E606736 Revision 1 Project: Webster Water Department

> Received Date: 06/07/2016 Report Date: 06/14/2016 Revision Date: 06/14/2016

> > Copies Sent To:

Town of Webster Water Dept. 38 Hill Street PO Box 793 Webster, MA 01570

> David Dickinson **Technical Director**





61 Louisa Viens Drive Dayville, CT 06241 Fax: 860-774-2689 Phone: 860-774-6814 Toll-Free: 800-334-0103

Report No: E606736

Client: Webster Water Department
Project: Webster Water Department

CASE NARRATIVE / METHOD CONFORMANCE SUMMARY

The results presented in this report relate only to the samples received.

This report is incomplete unless all pages indicated in the pagination at the bottom of the page are included, along with a copy of the chain of custody and any subcontracted analyses reports, if applicable, for the sample(s) in this report. Subcontractor results are identified by 'SUB' next to the analysis.

Microbac Laboratories, Inc. received six samples from Webster Water Department on 06/07/2016. The samples were analyzed for the following list of analyses in accordance with MA DEP regulations unless otherwise indicated:

Chloride by SM4500-CL-D SM4500-CL-D Sodium by ICP by 200.7 200.7[3000] Client Reported WQP 150.1, 170.1 Sulfate by SM 4500-SO4-E in DW SM4500-SO4-E

Non-Conformances: Work Order:

None

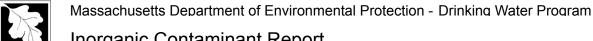
Sample:

None

Analysis:

None

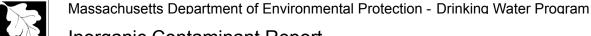




| I. PWS INFORMA | TION: Please re | fer to you | r DEP Wate | r Quality S | Samplii | ng Sche | dule (WQ | SS) | to h | elp comp | lete th | is form | | | | | | |
|---|---|---------------|---|-----------------|------------|-----------------|--|-----------------------------|-----------------------|---------------------|-----------|-----------------|---------------|--------|-----------------|-----------|---------------|---------------|
| PWS ID #: | 2316000 | | | | | | City / Tow | | | bster, MA | | | | | | | | |
| PWS Name: | Webster Wa | ter Depart | ment | | | | | |] | PWS CI | ass: | cc | OM [✓ | 7 | NTNC | П | TNC | П |
| DEP LOCATION (LOC) ID# RW-04G | Well #1 | DE | P Location Na | me | | | *Please note all s representative of is no treatment a | ample: finishe pplied | s are con ed water | | | D | ate lected | | Co Joe Patte | ollected | Ву | |
| IXVV-04G | VVCII #1 | | | | | | ☑ (S)ingle | | | □ (F)inish | ed | | | | JOE Falle | | | |
| Routine or Special Sample | | | esumitted or ion Report | | | | (1) Reasor | ı for | Resu | | ubmitted | l, list belo | | ection | Date of O | riginal S | ample | |
| ✓ RS □ SS | ☑ Original | | - | Confirmation | | □ Resar | mple 🗆 Re | | | | Correctio | | (=) | | | | | |
| SAMPLE NOTES - (Si | uch as, if a Manifold/ | Multiple sam | nple, list the so | ources that w | ere on-lii | ne during : | sample colle | ctio | n). | | | | | | | | | |
| II. ANALYTICAL L | ABODATODY | NEODMAT | ION . | | | | | | | | | | | | | | | |
| Primary Lab MA | | | Primary La | ıb Name: | Micro | bac Lat | ooratories | s, Ir | nc. | | | | Subc | ontra | act? (Y/I | N) | N | |
| Contaminant | Result (mg/L) | MCL (mg/L) | MDL (mg/L) | Lab M | lethod | Date | Analyzed | | - | /sis Lab Cert # | A | nalysis La | ab Name | e | L | .ab Sam | ple# | |
| ANTIMONY | | 0.006 | | | | | | | | | | | | | | | | |
| ARSENIC | | 0.010 | | | | | | | | | | | | | | | | |
| BARIUM | | 2.0 | | | | | | | | | | | | | | | | |
| BERYLLIUM | | 0.004 | | | | | | | | | | | | | | | | |
| CADMIUM | | 0.005 | | | | | | | | | | | | | | | | |
| CHROMIUM | | 0.1 | | | | | | | | | | | | | | | | |
| CYANIDE | | 0.2 | | | | | | | | | | | | | | | | |
| FLUORIDE 1 | | 4.0 | | | | | | | | | | | | | | | | |
| MERCURY ² | | 0.002 | | | | | | | | | | | | | | | | |
| NICKEL | | none* | | | | | | | | | | | | | | | | |
| SELENIUM | | 0.05 | | | | | | | | | | | | | | | | |
| SODIUM | 19 | none* | 1.0 | 200.7 | | 06/13 | /2016 | | | | | | | | E6067 | 36-1 | | |
| THALLIUM | | 0.002 | | | | | | | | | | | | | | | | |
| 2 Please note that if m | secondary MCL of 2.1 nethod 245.1 is used wever DEP Office of I | for mercury, | only method re | vision 3.0 will | I be acce | pted by MA | A DEP. | | | | to 310 CN | MR 22.16. | | | | | | |
| | ple Composited e Lab? | | ITE SAMPLE N | | P Source | Code (XX | XXX-XXX), u | ıp to | five i | ndividual sc | ources pe | er sample. | | | | | | |
| Yes □ | | | | | | | | | | | | | | | | | | |
| LAB SAMPLE NOTES | 5 | | | | | | | | | | | | | | | | | |
| I co authorized to fill ou true, accurate and | | e informatio | n contained h | herein is | | | Primary | y La | ab D | irector Si | | e: [/] | /2016 | | | | | / |
| If | not submitting res | | nically, mail <u>T</u> ceived this re _l | | | | | | | | nter than | 10 days | after ti | he en | d of the | month | | |
| DEP REVIEW S ☐ Accepted | STATUS (Initial & | | | | R | Review ments | | | | | | | | | | | QTS Entere | ed |



Data Entered



Inorganic Contaminant Report

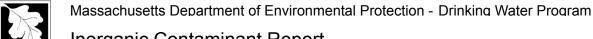
| WS ID #: | 2316000 | | | | | City / Town: | Webster | · MΔ | | | | | |
|---|--|------------------|------------------------------------|--|-----------------|---|-----------------|-----------------------------|---------------|--------------|---------------|-----------|------|
| | | | | | | oity / TOWII. | _ | | | | | | |
| WS Name: | Webster Wa | ater Depart | ment | | | | PW | S Class: | COI | M 🗹 | NTNC | | TNC |
| DEP LOCATION | | DE | P Location Na | me | | *Please note all sam representative of fin | | tion | Dat Colle | | Col | lected E | By . |
| (LOC) ID# RW-05G | Well #2 | | | | | is no treatment appli | ed 🗹 (I | R)aw | 6/7/2016 | | Joe Patter | son | |
| | | | | | | ☑ (S)ingle | | F)inished If Resubmitted | l. list below | | | | |
| Routine or Special Sample | | • , | sumitted or ion Report | | | (1) Reason fo | or Resubmiss | | |) Collection | on Date of Or | iginal Sa | mple |
| Ø RS □ SS | ☑ Origina | al □ Resub | mitted C | Confirmation | □ Resan | nple 🗆 Rea | nalysis 🗆 F | Report Correction | on | | | | |
| AMPLE NOTES - (Su | ch as, if a Manifold | I/Multiple sam | ple, list the so | urces that were o | n-line during s | sample collect | on). | | | | | | |
| ANALYTICAL L | ABORATORY I | NFORMAT | ION | | | | | | | | | | |
| imary Lab MA (| Sert. #: M-C | T008 | Primary La | b Name: Mic | crobac Lab | oratories, | Inc. | | s | Subcont | ract? (Y/N |) | N |
| Contaminant | Result (mg/L) | MCL (mg/L) | MDL (mg/L) | Lab Metho | d Date | Analyzed | Analysis La | | ınalysis Lab | Name | La | ıb Samp | le# |
| NTIMONY | | 0.006 | | | | | | | | | | | |
| RSENIC | | 0.010 | | | | | | | | | | | |
| ARIUM | | 2.0 | | | | | | | | | | | |
| ERYLLIUM | | 0.004 | | | | | | | | | | | |
| ADMIUM | | 0.005 | | | | | | | | | | | |
| HROMIUM | | 0.1 | | | | | | | | | | | |
| YANIDE | | 0.2 | | | | | | | | | | | |
| FLUORIDE 1 | | 4.0 | | | | | | | | | | | |
| IERCURY ² | | 0.002 | | | | | | | | | | | |
| IICKEL | | none* | | | | | | | | | | | |
| ELENIUM | | 0.05 | | | | | | | | | | | |
| ODIUM | 57 | none* | 1.0 | 200.7 | 06/13 | /2016 | | | | | E60673 | 6-2 | |
| HALLIUM | | 0.002 | | | | | | | | | | | |
| Flouride also has a s Please note that if m No current MCL, how | ethod 245.1 is used rever DEP Office of | I for mercury, o | only method red I Standards has | vision 3.0 will be a s established a gu | accepted by MA | DEP. | | suant to 310 C | MR 22.16. | | | | |
| | le Composited Lab? | | TE SAMPLE N composited so | OTES urces by DEP Sou | urce Code (XX | XXX-XXX), up | to five individ | lual sources p | er sample. | | | | |
| Yes □ | | | | | | | | | | | | | |
| AB SAMPLE NOTES | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| l ce uthorized to fill ou ue, accurate and | | e informatio | n contained h | erein is | | Primary | Lab Direct | or Signatur Dat | e: 6/14/2 | 2016 | | | |
| | not submitting res | sults electror | nically, mail <u>T</u> | WO copies of th | | | | no later thar | 10 days a | after the | | onth | |
| DEP REVIEW S | | | eived this rep | oort <u>or</u> no later t | Review | atter the end | of the repo | rting period, t | vnichever | is soone | r. | □ W |)TS |
| _, ,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | TATION (IIIIIIAI C | ^ レロ(C) | | 1 | I VCVICVV I | | | | | | | ¬ ۷۷' | ی ای |

Comments

□ Accepted

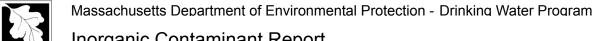
☐ Disapproved





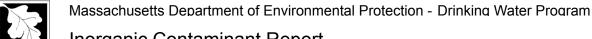
| PWS ID #: | 2316000 | | | | | City / Town: | Webster, M. | A | | | |
|--|--------------------------|-----------------|------------------|---------------------|------------------|---|---------------------------|----------------|--|-----------------|-------------|
| PWS Name: | | ater Denart | ment | | | | PWS C | ·lace: | COM 🗖 | NTNC F | T TNC |
| | Webster W | ater Depart | inclif | | | 1 | | , idəə. | сом 🔼 | NTNC [| TNC |
| DEP LOCATION (LOC) ID# | | DE | EP Location Na | ame | | *Please note all sam representative of fin is no treatment appl | ished water if there | | Date Collected | Colle | cted By |
| RW-06G | Well #3 | | | | | ☐ (M)ultiple ☑ (S)ingle | ☑ (R)aw | 10, | 7/2016 | Joe Patterso | on |
| Routine or | | Original, Ro | esumitted or | | | 1 (3) 33 | | esubmitted, li | st below | l | |
| Special Sample | | | tion Report | | | . , | or Resubmission | | (2) Collection | on Date of Orig | inal Sample |
| RS SS | ☑ Origin | | omitted | | | <u> </u> | nalysis Repo | rt Correction | | | |
| SAMI EL NOTES - (OI | acii as, ii a maiiioi | d/Multiple 3dil | ipie, list the s | ources that were | On-line during | Sample Collect | | | | | |
| . ANALYTICAL L | ABORATORY | INFORMAT | ION | | | | | | | | |
| rimary Lab MA | Cert. #: M-C | 800T | Primary La | ab Name: M | icrobac La | boratories, | Inc. | | Subcont | ract? (Y/N) | N |
| Contaminant | Result (mg/L) | MCL (mg/L) | MDL (mg/L) | Lab Meth | od Date | e Analyzed | Analysis Lab MA Cert # | Ana | lysis Lab Name | Lab | Sample # |
| ANTIMONY | | 0.006 | | | | | | | | | |
| ARSENIC | | 0.010 | | | | | | | | | |
| BARIUM | | 2.0 | | | | | | | | | |
| BERYLLIUM | | 0.004 | | | | | | | | | |
| CADMIUM | | 0.005 | | | | | | | | | |
| CHROMIUM | | 0.1 | | | | | | | | | |
| CYANIDE | | 0.2 | | | | | | | | | |
| FLUORIDE 1 | | 4.0 | | | | | | | | | |
| MERCURY ² | | 0.002 | | | | | | | | | |
| NICKEL | | none* | | | | | | | | | |
| SELENIUM | | 0.05 | | | | | | | | | |
| SODIUM | 74 | none* | 1.0 | 200.7 | 06/13 | 3/2016 | | | | E606736 | -3 |
| THALLIUM | | 0.002 | | | | | | | | | |
| Flouride also has a selection Please note that if make No current MCL, how | ethod 245.1 is use | d for mercury, | only method re | evision 3.0 will be | accepted by M | A DEP. | | nt to 310 CMR | 22.16. | | |
| | ole Composited e Lab? | | ITE SAMPLE N | | ource Code (X | (XXX-XXX), up | to five individual | sources per s | ample. | | |
| Yes □ | | | | | | | | | | | |
| AB SAMPLE NOTES | | | | | | | | | | | |
| l c authorized to fill ou true, accurate and | | he informatio | n contained | herein is | | Primary | Lab Director S | _ | (14/2016 | | |
| | • | | • | _ | Alain unu sest d | | vianal Office | | | | 41 |
| If | | | | | | | | | 0 days after the e ichever is soone | | ากเท |
| DEP REVIEW S | STATUS (Initial | & Date) | | | Review | | | | | | □ WQTS |
| ☐ Accepted | □ Dis | approved | | | Comments | | | | | | Data Enter |





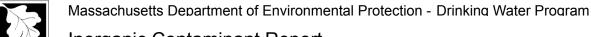
| I. PWS INFORMA | TION: Please re | fer to you | r DEP Wate | er Quality San | npling Sche | dule (WQS | S) to | help compl | ete this | form | | | | |
|---|--------------------------|---------------|----------------|---------------------------|-----------------|---|-------------|------------------------|--------------|----------------------------------|--------------|------------|-----------------|----------|
| PWS ID #: | 2316000 | | | | | City / Town: | : We | ebster, MA | | | | | | |
| PWS Name: | Webster Wa | ter Depart | ment | | | | | PWS Clas | ss: | сом 🔼 | NTNC | | TNC | |
| DEP LOCATION (LOC) ID# | | DE | P Location Na | ame | | *Please note all sam representative of fin is no treatment appl | ples are co | | | Date Collected | C | ollected | Ву | |
| RW-07G | Well #4 | | | | | ☐ (M)ultiple ☑ (S)ingle | | ☑ (R)aw □ (F)inishe | | 7/2016 | Joe Patte | erson | | |
| Routine or | | Original, Re | sumitted or | | | | | If Resu | bmitted, lis | | | | | |
| Special Sample ☑ RS □ SS | ☑ Original | | ion Report | Confirmation | □ Resa | (1) Reason f nple □ Rea | | | Correction | (2) Collection | on Date of C | Original S | ample | |
| SAMPLE NOTES - (Su | | | | | | <u> </u> | | | | | | | | |
| | | | | | | | | | | | | | | |
| II. ANALYTICAL L | ABORATORY II | NFORMAT | ION | _ | | | | | | | | | | |
| Primary Lab MA | Cert. #: M-C7 | 8007 | Primary La | ab Name: Mi | icrobac Lal | oratories, | Inc. | | | Subcont | ract? (Y/ | N) | N | |
| Contaminant | Result (mg/L) | MCL (mg/L) | MDL (mg/L) | Lab Metho | od Date | Analyzed | | lysis Lab A Cert # | Anal | ysis Lab Name | ı | Lab Sam | ple# | |
| ANTIMONY | | 0.006 | | | | | | | | | | | | ٦ |
| ARSENIC | | 0.010 | | | | | | | | | | | | |
| BARIUM | | 2.0 | | | | | | | | | | | | |
| BERYLLIUM | | 0.004 | | | | | | | | | | | | |
| CADMIUM | | 0.005 | | | | | | | | | | | | |
| CHROMIUM | | 0.1 | | | | | | | | | | | | |
| CYANIDE | | 0.2 | | | | | | | | | | | | |
| FLUORIDE 1 | | 4.0 | | | | | | | | | | | | |
| MERCURY ² | | 0.002 | | | | | | | | | | | | |
| NICKEL | | none* | | | | | | | | | | | | |
| SELENIUM | | 0.05 | | | | | | | | | | | | |
| SODIUM | 160 | none* | 1.0 | 200.7 | 06/13 | 3/2016 | | | | | E6067 | '36-4 | | |
| THALLIUM | | 0.002 | | | | | | | | | | | | |
| Flouride also has a s Please note that if m No current MCL, hov | ethod 245.1 is used | for mercury, | only method re | vision 3.0 will be | accepted by M | A DEP. | | · | 310 CMR | 22.16. | | | | |
| | ole Composited e Lab? | | TE SAMPLE N | IOTES ources by DEP So | ource Code (X) | XXXX-XXX), up | to five | individual sou | ırces per s | ample. | | | | |
| Yes □ | | | | | | | | | | | | | | |
| LAB SAMPLE NOTES | | | | | | | | | | | | | | |
| authorized to fill ou | | e informatio | n contained i | herein is | | Primary | Lab [| Director Sig | | applied on f | | | | <u> </u> |
| true, accurate and | complete to the b | est extent o | i my knowie | uge | | | | | Date: | 6/14/2016 | | | | |
| | | hich you red | | | | | | | | days after the echever is sooner | | , | | |
| DEP REVIEW S ☐ Accepted | | Date) | | | Review Comments | | | | | | | | /QTS LEntere | ed. |



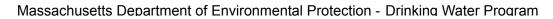


| I. PWS INFORMA | ATION: Please r | efer to you | r DEP Wate | er Quality San | npling Sche | dule (WQS | S) to | help comp | lete th | is form | | | | | |
|--|----------------------------|---------------------|----------------|--|--------------------|--|-----------------------|------------------------|-----------|------------------|-------------------------|-------------|-------------|---------------|----------|
| PWS ID #: | 2316000 | | | | | City / Town | : W | ebster, MA | | | | | | | |
| PWS Name: | Webster Wa | ater Depart | ment | | | | | PWS Cla | ass: | СОМ | $\overline{\checkmark}$ | NTNC | | TNC | |
| DEP LOCATION (LOC) ID# | | DE | P Location Na | ame | | *Please note all sam representative of fir is no treatment app | ples are nished wa | | | Date Collecte | d | Co | ollected I | Зу | |
| RW-08G | Well #5 | | | | | ☐ (M)ultiple ☑ (S)ingle | | ☑ (R)aw | | 6/7/2016 | | Joe Patte | erson | | |
| Routine or | | Original, Re | sumitted or | | | <u>.</u> | | | ubmitted | I, list below | , | | | | |
| Special Sample ☑ RS □ SS | [7] Osisis | | ion Report | 0 | | (1) Reason 1 | | | 0 | | ollection | n Date of O | riginal S | ample | |
| RS SAMPLE NOTES - (S | ☑ Origina | | | Confirmation | | nple Rea | | s — Report | Correctio |)II | | | | | = |
| , | | • | | | | | | | | | | | | |] |
| II. ANALYTICAL | LABORATORY | INFORMAT | ION | | | | | | | | | | | | |
| Primary Lab MA | Cert. #: M-C | T008 | Primary La | ab Name: Mi | crobac Lat | ooratories, | Inc. | | | Sul | ocontr | act? (Y/I | N) | N | |
| Contaminant | Result (mg/L) | MCL (mg/L) | MDL (mg/L) | Lab Metho | od Date | Analyzed | | alysis Lab A Cert # | A | nalysis Lab Na | ame | L | .ab Samı | ole# | |
| ANTIMONY | | 0.006 | | | | | | | | | | | | | |
| ARSENIC | | 0.010 | | | | | | | | | | | | | |
| BARIUM | | 2.0 | | | | | | | | | | | | | |
| BERYLLIUM | | 0.004 | | | | | | | | | | | | | |
| CADMIUM | | 0.005 | | | | | | | | | | | | | |
| CHROMIUM | | 0.1 | | | | | | | | | | | | | |
| CYANIDE | | 0.2 | | | | | | | | | | | | | 1 |
| FLUORIDE 1 | | 4.0 | | | | | | | | | | | | | |
| MERCURY ² | | 0.002 | | | | | | | | | | | | | |
| NICKEL | | none* | | | | | | | | | | | | | ì |
| SELENIUM | | 0.05 | | | | | | | | | | | | | |
| SODIUM | 220 | none* | 1.0 | 200.7 | 06/13 | /2016 | | | | | | E6067 | 36-5 | | |
| THALLIUM | | 0.002 | | | | | | | | | | | | | |
| Flouride also has a Please note that if n No current MCL, ho | method 245.1 is used | d for mercury, | only method re | evision 3.0 will be | accepted by Ma | A DEP. | | | o 310 CN | MR 22.16. | | | | | |
| | nple Composited ne Lab? | | ITE SAMPLE N | NOTES ources by DEP So | urce Code (XX | XXX-XXX), up | to five | individual so | urces pe | er sample. | | | | | |
| Yes □ |] | | | | | | | | | | | | | | |
| LAB SAMPLE NOTE | S | | | | | | | | | | | | | | |
| authorized to fill o | | ne informatio | n contained | herein is | | Primary | Lab | Director Si | | e: 6/14/20 | Dolan - | - | | | <u> </u> |
| If | not submitting re | | | <u>FWO</u> copies of t eport <u>or</u> no later | | | | | | | | | month | | |
| DEP REVIEW S ☐ Accepted | | & Date) approved | | C | Review Comments | | | | | | | | □ W Data | QTS Entere | |





| I. PWS INFORMA | TION: Please re | fer to you | r DEP Wate | r Quality Sa | mpling Sch | edule (WQS | S) to | help comp | olete this | s form | | | |
|--|--|---------------|----------------------------|-------------------|--------------------|--|-----------------------------------|-----------------------|------------|-------------------|-------------|------------|-------------------|
| PWS ID #: | 2316000 | | | | | City / Town | : We | ebster, MA | | | | | |
| PWS Name: | Webster Wa | ter Depart | ment | | | | | PWS CI | ass: | сом 🗸 | NTN | СП | TNC |
| DEP LOCATION (LOC) ID# RW-01G | #2 Pump Station | | P Location Na | ıme | | *Please note all san representative of fir is no treatment app (M)ultiple | nples are c nished wat died | | 6 | Date Collected | | Collected | |
| | "21 dilip otation | | | | | ☑ (S)ingle | | □ (F)inish | ied | | | | |
| Routine or Special Sample | | • | esumitted or ion Report | | | (1) Reason | for Res | | ubmitted, | - | tion Date o | f Original | Sample |
| ☑ RS □ SS | ☑ Original | | • | Confirmation | ☐ Resa | ample \square Rea | analysis | □ Report | Correction | ., | | | - |
| SAMPLE NOTES - (Si | uch as, if a Manifold | /Multiple sam | ple, list the so | ources that were | e on-line during | sample collect | tion). | | | , | | | |
| II. ANALYTICAL I | ABORATORY II | NFORMAT | ION | | | | | | | | | | |
| Primary Lab MA | | | Primary La | ab Name: N | /licrobac La | aboratories, | Inc. | | | Subco | ntract? (| Y/N) | N |
| Contaminant | Result (mg/L) | MCL (mg/L) | MDL (mg/L) | Lab Met | hod Dat | te Analyzed | | lysis Lab A Cert # | An | alysis Lab Name | | Lab San | nple # |
| ANTIMONY | | 0.006 | | | | | | | | | | | |
| ARSENIC | | 0.010 | | | | | | | | | | | |
| BARIUM | | 2.0 | | | | | | | | | | | |
| BERYLLIUM | | 0.004 | | | | | | | | | | | |
| CADMIUM | | 0.005 | | | | | | | | | | | |
| CHROMIUM | | 0.1 | | | | | | | | | | | |
| CYANIDE | | 0.2 | | | | | | | | | | | |
| FLUORIDE 1 | | 4.0 | | | | | | | | | | | |
| MERCURY ² | | 0.002 | | | | | | | | | | | |
| NICKEL | | none* | | | | | | | | | | | |
| SELENIUM | | 0.05 | | | | | | | | | | | |
| SODIUM | 11 | none* | 1.0 | 200.7 | 06/1 | 3/2016 | | | | | E60 | 6736-6 | |
| THALLIUM | | 0.002 | | | | | | | | | | | |
| | secondary MCL of 2. nethod 245.1 is used wever DEP Office of | for mercury, | only method re | vision 3.0 will b | e accepted by N | ИA DEP. | | | to 310 CM | R 22.16. | | | |
| | ple Composited e Lab? | | ITE SAMPLE N | | Source Code (X | XXXX-XXX), up | to five | individual so | ources per | sample. | | | |
| Yes □ | | | | | | | | | | | | | |
| LAB SAMPLE NOTES | S | | | | | | | | | | | | |
| I consumer authorized to fill outrue, accurate and | | e informatio | n contained l | herein is | | Primary | Lab I | Director Si | | : (6/14/2016 | /- | | |
| lf | not submitting res in w | | | | | | | | ater than | | | ne month | |
| DEP REVIEW S ☐ Accepted | | Date) | | | Review Comments | | | | | | | | VQTS a Entered |



Data Entered



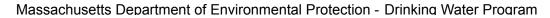
 \square Accepted

□ Disapproved

Secondary Contaminant Report

| I. PW | S INFORMATIO | ON: Plea | ase refer | to you | ır DEP Wate | r Quality S | Sampling Sc | hed | ule (WQSS) | to help con | nplete | this form | | | | | | | |
|-----------|------------------------------|------------|-------------|---------|---|----------------|-------------------------------------|------------|----------------------------|---------------------------------------|-----------|----------------|-------|----------|--------|---------|---------|------|--------------|
| PWS | iD#: | 23160 | 00 | | | | | Ci | ty / Town: | Webster, M | A | | | | | | | | |
| PWS | Name: | Webste | er Water D | Depart | ment | | | | _ | PWS (| Class: | cc | M [| <u>√</u> | NT | NC | | TNC | |
| | DEP LOCATION (LOC) ID# | | | | DEP Locatio | n Name | | | Sampl | e Information | | Date Colle | ected | | | Collec | ted By | , | |
| Α | RW-04G | We | II #1 | | | | | | ☐ (M)ultiple ☑ (S)ingle | ☑(R)aw □(F)inish | ed | 6/7/2016 | | Joe F | Patte | rson | | | |
| В | RW-05G | We | II #2 | | | | | | ☐ (M)ultiple ☐ (S)ingle | ☑(R)aw | | 6/7/2016 | | Joe F | Patte | rson | | | \exists |
| | | | | | | | | | ☑ (S)ingle | □(F)inish | | Report, list I | helow | | | | | | _ |
| | Routine or Special Sample | | | _ | al, Resubmitted irmation Repor | | | (1 |) Reason for Re | | Dimitiou | | | tion D | ate of | Origi | nal Sar | nple | |
| Α | Ø RS □ S | | ☑ Original | | Resubmitted [| | on 🔲 Resa | | Reanalysis | | orrection | | | | | | | | |
| В | ☑ RS □ S | | ✓ Original | F | Resubmitted [| ☐ Confirmation | on 🔲 Resa | mple | Reanalysis | ☐ Report Co | orrection | | | | | | | | - |
| | SAMPLE NOTE: | | | | | | | | | <u> </u> | | | | | | | | | |
| Α | OAIIII EE NOTE | | | | | | | | | | | | | | | | | | |
| В | | | | | | | | | | | | | | | | | | | $-\parallel$ |
| Ь | | | | | | | | | | | | | | | | | | | |
| II. AN | NALYTICAL LAI | BORAT | ORY INFO | RMA | TION | | | | | | | | | | | | | | |
| Drim | ary Lab MA Ce | rt #. | M-CT00 | Ω | Primary La | h Namo: | Microbac L | aho | ratories In | <u> </u> | | | Subr | ontra | act? | (Y/N | ` | Г | _ |
| F 1 11111 | ary Lab MA Ce | ιι. π. | IVI-C I OU | <u></u> | Filliary La | ib ivallie. | IVIICIODAC L | abu | natories, iri | . | | | Jube | | act: | (1/14 | , | IN | |
| Anal | ysis Lab MA Ce | ert. #: | M-CT00 | 8 | Analysis L | ab Name: | Microbac L | abo | oratories, In | C. | | | | | | | | | |
| | | | | Re | sults | | | | | | | | | | | | | | |
| | Contaminan | t | | | В | SMCL | MDL (mg/L) | | Lab Me | ethod | | Date alyzed | | | | Lab | | | |
| | | | , | | Ь | | (IIIg/L) | | | | 7.4. | ,200 | | | Saı | mple II | D# | | |
| | N (mg/L) | | | | | 0.3 | | | | | | | | | | | | | _ |
| | NGANESE (mg | | 20 | | | 0.05* | | | | | | | | | | | | | _ |
| | (ALINITY (mg/L | as Cac | ,0 | | | none | | | | | | | | | | | | | = |
| | _CIUM (mg/L) | 1. | | | | none | | | | | | | | | | | | | _ |
| | GNESIUM (mg/ RDNESS (mg/L | | 201 | | | none | | | | | | | | | | | | | - |
| | TASSIUM (mg/L | | ,0, | | | none | | | | | | | | | | | | | _ |
| | RBIDITY (NTU) | -) | | | | none | | | | | | | | | | | | | _ |
| | JMINUM (mg/L) | | | | | none 0.2 | | | | | | | | | | | | | $-\parallel$ |
| | LORIDE (mg/L) | 1 | 43 | | 120 | 250 | 2.0 | _ | SM4500-CL- | n | 6/7/2 | 016 | EGOG | 736- | 1 =6 | 3067 | 36-2 | | $-\parallel$ |
| | LORIDE (IIIg/L) | | 43 | | 120 | 15 | 2.0 | - | 31V14300-CL- | טי | 0///20 | 010 | _000 | 7 30- | 1, L | 3007 | 30-2 | | - |
| | PPER (mg/L) | | | | | 1 | | | | | | | | | | | | | - |
| | OR (T.O.N) | | | | | 3 | | | | | | | | | | | | | \dashv |
| pН | 011 (110.11) | | | | | 6.5 to 8 | 5.5 | | | | | | | | | | | | |
| _ | VER (mg/L) | | | | | 0.10 | | \dashv | | | | | | | | | | | \dashv |
| | _FATE (mg/L) | | 9.0 | | 9.4 | 250 | 5.0 | | SM4500-SO | 4-E | 6/8/2 | 016 | E606 | 736- | 1, E6 | 30673 | 36-2 | | $-\parallel$ |
| | 6 (mg/L) | | | | | 500 | | \dashv | | | | | | | | | | | \exists |
| - | C (mg/L) | | | | | 5 | | | | | | | | | | | | | ᅦ |
| * E | PA has establis | hed a lit | fetime He | alth A | dvisory (HA) | for manga | anese at 0.3 | mg/l | L and an acu | ite HA at 1.0 | 0 mg/L | | | | | | | | |
| | LAB SAMPLE N | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | | | | | | | | | | |
| Α | LAD SAMI EL IN | OILS | | | | | | | | | | | | | | | | | |
| В | | | | | | | | | | | | | | | | | | | $-\parallel$ |
| | | | | | | | | | | | | | | | | | | | |
| auth | l certi | - | • | | hat I am the p | | | | Primary La | b Director (| Signat | ure: | /de | nd In | {~ · | _ | | | |
| | , accurate and co | | | | | | | | | | D | ate: 6/14 | /201 | 6 | | | | | |
| | | • | | | • | _ | | | | | | | | | | | | | |
| | If not | t submitti | - | | _ | | of this report t ater than 10 da | - | _ | | | - | | | nd of | the m | onth | | |
| DE | P REVIEW STA | ATUS (Ir | nitial & Da | ite) | | | Review | <i>,</i> [| | | | | | | | | | /QTS | |

Comments





Data Entered



 \square Accepted

☐ Disapproved

Secondary Contaminant Report

| I. PV | VS INFORMATIO | ON: Ple | ase refer | to you | r DEP Water | r Quality S | ampling Sche | dule (WQSS) | to help com | plete t | his form | | | | | |
|--------|--------------------------------|----------|--------------|---------------|------------------------------------|--------------------|--|-------------------------|--|----------|-------------------|------|----------|-----------------|-----------------|-------|
| PWS | S ID #: | 23160 | 000 | | | | C | City / Town: | Webster, MA | A | | | | | | |
| PWS | S Name: | Webst | ter Water [| Depart | ment | | | | PWS C | lass: | СОМ | V | NT | NC | | TNC [|
| | DEP LOCATION (LOC) ID# | | | | DEP Location | n Name | | Samp | le Information | | Date Collecte | d | | Collec | ted By | |
| Α | RW-06G | We | ell #3 | | | | | ☐ (M)ultiple ☑ (S)ingle | ☑(R)aw □(F)inishe | ed he | 6/7/2016 | Jo | e Patte | erson | | |
| В | RW-07G | W | ell #4 | | | | | ☐ (M)ultiple ☐ (S)ingle | ☑(R)aw □(F)inishe | | 6/7/2016 | Jo | e Patte | erson | | |
| | | | | | | | | E (3)iiigie | | | Report, list belo | w | | | | |
| | Routine or Special Sample | e | | • | II, Resubmitted irmation Report | | | (1) Reason for Re | | | | | n Date o | f Origin | nal San | nple |
| Α | ☑ RS □ S | | ☑ Original | | | Confirmation | n 🔲 Resamp | le Reanalysis | ☐ Report Co | rrection | | | | | | |
| В | ☑ RS □ S | s | ✓ Original | □R | esubmitted [|] Confirmation | n 🔲 Resamp | le Reanalysis | ☐ Report Co | rrection | | | | | | |
| | SAMPLE NOTE | s | | | | | | | | | <u>'</u> | | | | | |
| Α | | | | | | | | | | | | | | | | |
| В | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| II. Al | NALYTICAL LAI | BORAT | ORY INFO | RMAT | TION | | | | | | | | | | | |
| Prim | nary Lab MA Ce | rt. #: | M-CT00 | 8 | Primary La | b Name: | Microbac Lab | oratories, In | C. | | Su | bcon | ntract? | (Y/N) |) | N |
| Anal | lysis Lab MA Ce | ort #- | M CTOO | $\overline{}$ | Analysis I a | ــا آا .مسم. آر | Microbac Lab | oratorios In | | | | | | | | |
| Alla | IYSIS LAD IVIA CE | art. #. | IVI-C 100 | ° | Allalysis La | ab Name. [| VIICIODAC LAL | oratories, in | C. | | | | | | | |
| | | | | Res | sults | | MDL | | | | Date | | | | | |
| | Contaminan | it | - | 4 | В | SMCL | (mg/L) | Lab M | ethod | | alyzed | | Sa | Lab Imple II | D# | |
| IRC | DN (mg/L) | | | | | 0.3 | | | | | | | | | | |
| | NGANESE (mg. | /L) | | | | 0.05* | | | | | | | | | | |
| ALŁ | KALINITY (mg/L | as Ca | СО | | | none | | | | | | | | | | |
| CA | LCIUM (mg/L) | | | | | none | | | | | | | | | | |
| | GNESIUM (mg/ | | | | | none | | | | | | | | | | |
| l—— | RDNESS (mg/L | | CO: | | | none | | | | | | | | | | |
| 1 | TASSIUM (mg/L | _) | | | | none | | | | | | | | | | |
| | RBIDITY (NTU) | | | | | none | | | | | | | | | | |
| I—— | JMINUM (mg/L) LORIDE (mg/L) | | 160 | | 280 | 0.2 250 | 4.0 | SM4500-CL | D | 6/7/20 |)16 E6 | 0672 | 6-3, E | 60673 | 26.4 | |
| 1 | LORIDE (IIIg/L) | | 100 | | 200 | 15 | 4.0 | 31V14300-CL | -ט | 0///20 | 710 60 | 0073 | 0-3, E | 00073 | 50-4 | |
| | PPER (mg/L) | | | | | 1 | | | | | | | | | | |
| | OR (T.O.N) | | | | | 3 | | | | | | | | | | |
| рН | , , | | | | | 6.5 to 8. | 5 | | | | | | | | | |
| SIL | VER (mg/L) | | | | | 0.10 | | | | | | | | | | |
| | LFATE (mg/L) | | 10 | | 12 | 250 | 5.0 | SM4500-SO | 4-E | 6/8/20 |)16 E6 | 0673 | 6-3, E | 60673 | 36-4 | |
| | S (mg/L) | | | | | 500 | | | | | | | | | | |
| 1 | IC (mg/L) | | | | | 5 | | | | | | | | | | |
| * E | PA has establis | hed a l | ifetime He | alth Ac | dvisory (HA) | for mangai | nese at 0.3 mg | g/L and an acu | ute HA at 1.0 |) mg/L. | | | | | | |
| _ | LAB SAMPLE N | OTES | | | | | | | | | | | | | | |
| A | | | | | | | | | | | | | | | | |
| В | | | | | | | | | | | | | | | | |
| autl | l certi | - | • | | hat I am the po | | | Primary La | b Director S | _ | | | Jedan! | 1_ | | |
| true | , accurate and co | mplete | to the best | extent o | of my knowled | ge | | | | Da | ate: 6/14/20 |)16 | | | | |
| | If not | t submit | - | | _ | | of this report to y er than 10 days | _ | | | - | | | the m | onth | |
| DE | P REVIEW STA | ATUS (I | Initial & Da | ate) | | | Review | | | | | | | Ì | □W | /QTS |

Comments



Sec

Data Entered



 \square Accepted

☐ Disapproved

Secondary Contaminant Report

| I. PW | S INFORMATIO | N: Pleas | se refer t | o you | ır DEP Wa | ater Quality | / Samplir | ng Sched | lule (WQSS) | to help com | plete | this forr | n | | | | | | |
|--------|---------------------------|------------|-------------|---------|--------------|--------------|-----------|----------|------------------------------------|---------------------|----------|-------------|---------------|-------------------------|--------|----------|-----------|-------|----------|
| PWS | ID #: | 231600 | 0 | | | | | С | ity / Town: | Webster, MA | Ą | | | | | | | | |
| PWS | Name: | Webster | Water D | epart | ment | | | | | PWS C | lass: | C | ОМ | $\overline{\mathbf{V}}$ | N | TNC | | TNC | |
| | DEP LOCATION (LOC) ID# | | | | DEP Loca | ation Name | | | Sampl | le Information | | Date Co | ollected | ı | | Colle | ected By | ′ | |
| Α | RW-08G | Well | #5 | | | | | | ☐ (M)ultiple ☐ (S)ingle | ☑(R)aw | | 6/7/2016 | 3 | Jo | e Pat | terson | | | |
| В | RW-01G | #2 P | ump Statio | nn . | | | | | ☐ (M)ultiple ☐ (S)ingle | □(F)inish ☑(R)aw | ea | 6/7/2016 | • | 10 | na Pat | terson | | | - |
| Ь | 100 010 | #Z 1 | — Otatic | | | | | | ☑ (S)ingle | □(F)inish | | | | | | | | | _ |
| | Routine or | | 1 | _ | al, Resubmit | | | | 1) Reason for Re | | omittea | Report, lis | | | n Dato | of Orio | inal Saı | mnlo | |
| _ | Special Sample ☑ RS □ S | | ☑ Original | | rirmation Re | • | ation [| | e Reanalysis | | rrection | , | <i>2)</i> Con | ectioi | Date | or orig | illai Sai | libie | |
| A | ØRS □S | | ☑ Original | | | ☐ Confirma | | | e Reanalysis | | | | | | | | | | \dashv |
| В | | | Z Original | | \esubinitieu | Commina | ation L | | - I (Canalysis | | mection | | | | | | | | _ |
| Α | SAMPLE NOTES | 5 | | | | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | | | | | | _ |
| В | | | | | | | | | | | | | | | | | | | |
| II. AN | IALYTICAL LAE | BORATO | RY INFO | RMA | TION | | | | | | | | | | | | | | |
| | | | | _ | | | | | | | | | | | | | | | |
| Prim | ary Lab MA Cei | rt.#: N | И-СТ008 | 3 | Primary | Lab Name: | : Microl | oac Lab | oratories, In | C. | | | Sul | ocor | itract | ? (Y/I | N) | N | |
| Anal | ysis Lab MA Ce | rt. #: N | л-CT008 | 3 | Analysis | s Lab Name | e: Microl | oac Lab | oratories, In | С. | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | Contaminan | | | Re | sults | SMC | ~1 | MDL | Lab Me | othod | 1 | Date | | | | Lab | | | |
| | Contaminan | | А | | В | SWIC | , | (mg/L) | Lab IVI | etilou | An | alyzed | | | 5 | Sample | ID# | | |
| IRO | N (mg/L) | | | | | 0.3 | | | | | | | | | | | | | |
| MAN | NGANESE (mg/ | L) | | | | 0.05* | | | | | | | | | | | | | |
| ALK | ALINITY (mg/L | as CaC |) | | | none | | | | | | | | | | | | | |
| CAL | .CIUM (mg/L) | | | | | none | | | | | | | | | | | | | |
| MAG | SNESIUM (mg/ | L) | | | | none | | | | | | | | | | | | | |
| HAF | RDNESS (mg/L | as CaC | D: | | | none | | | | | | | | | | | | | |
| POT | ASSIUM (mg/L | .) | | | | none | | | | | | | | | | | | | |
| TUF | RBIDITY (NTU) | | | | | none | | | | | | | | | | | | | |
| ALU | MINUM (mg/L) | | | | | 0.2 | | | | | | | | | | | | | |
| CHL | ORIDE (mg/L) | | 390 | | 24 | 250 | 10 | | SM4500-CL- | -D | 6/7/20 | 016 | E60 |)673 | 6-5, l | E6067 | 736-6 | | |
| | OR (C.U) | | | | | 15 | | | | | | | | | | | | | |
| | PPER (mg/L) | | | | | 1 | | | | | | | | | | | | | |
| ODO | OR (T.O.N) | | | | | 3 | | | | | | | | | | | | | |
| рН | | | | | | 6.5 to | 8.5 | | | | | | | | | | | | _ |
| | /ER (mg/L) | | | | | 0.10 | | | | | | | | | | | | | _ |
| | FATE (mg/L) | | 14 | | ND | 250 | 5.0 | | SM4500-SO | 4-E | 6/8/20 | U16 | E60 |)673 | 6-5, l | E6067 | ′36-6 | | \dashv |
| | 5 (mg/L) | | | | | 500 | | | | | | | | | | | | | _ |
| | C (mg/L) | | | | | 5 | | | | | | | | | | | | | \dashv |
| _ El | PA has establish | ned a life | time Hea | aith A | avisory (H | IA) for man | ganese a | t 0.3 mg | /L and an acu | ite HA at 1.0 | mg/L | | | | | | | | |
| | LAB SAMPLE NO | OTES | | | | | | | | | | | | | | | | | |
| Α | | | | | | | | | | | | | | | | | | | |
| В | | | | | | | | | | | | | | | | | | | |
| | orized to fill out th | nis form a | nd the info | rmatio | | ed herein is | | | Primary La | b Director \$ | _ | | | | Jedan, | /- | | | |
| irue, | accurate and co | ripiete to | ule best e | xieni (| ог тпу клом | neuge | | | | | D | ate: 6/1 | 4/20 | 16 | | | | | |
| | If not | submittin | - | | - | | | | our DEP Region after the end of | | | - | | | | of the I | month | | |
| DE | P REVIEW STA | TUS (Ini | tial & Dat | te) | | | R | eview | | | | | | | | | Ιυν | /QTS | |

Comments



Massachusetts Department of Environmental Protection - Drinking Water Program

WQA

Lead and Copper Water Quality Parameter Report

| WS ID #: | : 2 | 2316000 | City / Town | : Webster, | MA | | Sample C | ollection Da | ate: 6/7/2016 | |
|------------------|------------------------|--|------------------------|-----------------|----------|----------------------|------------------------|-------------------|---------------------------|-------------------|
| WS Nam | ie: V | Vebster Water Depa | ırtment | | | | PWS Clas | s: C | OM 🗹 NTNC | ☐ TNC |
| Nur | mber of Dist | ribution Samples F | Required: | | | Number o | f Distribution Ta | ap Samples | Submitted: | |
| Nu | mber of Ent | ry Point Samples F | Required: | | i | Numi | per of Entry Poi | nt Samples | Submitted: | |
| SAMPLE NO | | | - | | | | | • | | |
| E606736 | 7123 | | | | | | | | | |
| | | | | | | | | | | |
| . ANALY | TICAL LABO | DRATORY INFORM | ATION | | | | | | | |
| | | | Fie | eld Paramete | rs | | | Paramet | er | |
| | Samp | ole Site Address | рН | Tempe | | Alkalinity (mg/L) | Conductivity (µmho/cm) | Calcium (mg/L) | Orthophosphate* (mg/L) | Silica* (mg/L) |
| RW-04G | Well #1 | | 6.33 | 67.5 | | | | | | |
| RW-05G | Well #2 | | 6.08 | 58.3 | | | | | | |
| RW-06G | Well #3 | | 6.02 | 56.8 | | | | | | |
| RW-07G | Well #4 | | 5.94 | 58.5 | | | | | | |
| RW-08G RW-01G | Well #5 #2 Pump Sta | ation | 6.09 6.17 | 53.8 55.6 | | | | | | |
| XVV-01G | #2 Fullip Sta | 1001 | 0.17 | 33.0 | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | + | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| + D : | | | | | | | | | | |
| ^ Kequir | ed when usin | g corrosion control inh | ibitor containing phos | onate or silica | te compo | ounds. | | | | |
| authorizon | - | under penalties of law | • | ie | | Primary L | ab Director Sigi | nature: | and today! - | |
| | | r form and the information to the standard control of the best extensions. | | 15 | | | | | / | |

If not submitting results electronically, mail <u>TWO</u> copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report <u>or</u> no later than 10 days after the end of the reporting period, whichever is sooner.

| □ Accepted □ Disapproved Comments | Data Entered |
|-----------------------------------|--------------|

Webster Water Department 38 Hill Street

E606736

yes/no

Is the Source treated? (please check one)

Sampler (Signature)

Webster, MA 01570 (508) 949-3861 PWS I.D. #2316000 Community

YES/NO

Report to Mass DEP?(please check one)

| ied (| Sampler (Printed) | | L | | | | | ř | 0.00 | | |
|------------------------|-------------------|-----------------------|------------------|---|---------|----------|-------|-------|-----------|--------------|---------------------|
| - 1 | | | | | | | | | Allalysis | | |
| sample TypeSample Code | Sample Location | Address | Time | field Residual Chlorine ** Total Coliform | etallus | Chloride | muibo | | **dq bləi | **qməT bləi? | Comments: |
| 1 1 | Well #1 | Memorial Beach Sta #1 | 11:25 1 | Kaw | S × | ++ | s × | | 6,33 | 19.7 | ÷ |
| | Well #2 | 350 Main Street | 11/30 | RAW | × | × | × | | 6.08 | 14.6 | MADEP Form Required |
| | Well #3 | 340 Thompson Road | 11/35 | RAW | × | × | × | | 6,02 | 13,8 | |
| | Well #4 | 5 Cudworth Road | 11,26 | RAW | × | × | × | | 6.94 | 147 | |
| | Well #5 | Rawson Road | 95:11 | Raw | × | × | × | | 6.09 | 12.1 | |
| | #2 Pump Station | Memorial Beach Raw | 11,55 | Raw | × | × | × | | 6,17 | 13.(| |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1 | | CUS | CUSTODY TRANSFER | ANSFER | | - | | | DATE | | TIME |
| 1 | | 7 | | | | | | | | | |
| | XX | | , | | | | 5 | 1-2 | e | | 12,250 |
| | 11/2 | Minhall | Min | 6 | | | 9 | 1 | -16 | | 10:51 |
| | CA. | D. Kantol | mon | | | | 9 | 7 . 7 | 16 | | 16:17 |
| | | | 7 | | | | | 6-3 | 78 | | 16(7) |
| | | | | | | | | | | | |

Sample Type Key
DR- DOWNSTREAM REPEAT
RS- ROUTINE SAMPLE
RO- ORIGINAL SITE REPEAT
UR- UPSTREAM REPEAT

SS- SPECIAL SAMPLE PT-PLANT TAP

AR- ADD- REPEAT SAMPLE RW- RAW WATER

Phone: 1-800-334-0103 Fax: 860-774-2689 Premier Laboratory, Inc.